## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 23, 2005 08:00 AM Secretary of State **DOCUMENT # P95000095582** 1. Entity Name MAC DESIGN MAGAZINE, INC. Mailing Áddress Principal Place of Business 333 E DOUGLAS RD 333 E DOUGLAS RD OLDSMAR FL 34677 OLDSMAR, FL 34677 US 04172005 No Chq-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3355282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KENDRA, JEAN A 333 E DOUGLAS RD OLDSMAR, FL 34677 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when roinstailing) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. TITLE KELBY, SCOTT G NAME 214 HIGHLAND STREET ADDRESS U00000325871 04/23/05-80033-015 150.00 SAFETY HARBOR, FL 34695 CITY-ST-7IP TITLE KELBY, KALEBRA NAME STREET ADDRESS 214 HIGHLAND SAFETY HARBOR, FL 34695 CITY-ST-ZIP TITLE WORKMAN, JAMES NAME 3020 ASHLAND TERRACE STREET ADDRESS DO NOT WRITE CLEARWATER, FL 33761 CITY-ST-ZIP IN THIS SPACE TITLE KENDRA, JEAN A NAME 3020 ASHLAND STREET ADDRESS CLEARWATER, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: ME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

KENDRY, TREASURER